

**United States Bankruptcy Court**  
**Eastern District of Missouri**

In re **Diana Sherl Gier**,  
 Debtor

Case No. **10-50188**

Chapter **13**

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES       | OTHER           |
|--|----------------------|------------------|-------------------|-------------------|-----------------|
| A - Real Property  | <b>Yes</b>           | <b>1</b>         | <b>167,970.99</b> |                   |                 |
| B - Personal Property  | <b>Yes</b>           | <b>3</b>         | <b>17,048.63</b>  |                   |                 |
| C - Property Claimed as Exempt   | <b>Yes</b>           | <b>1</b>         |                   |                   |                 |
| D - Creditors Holding Secured Claims   | <b>Yes</b>           | <b>1</b>         |                   | <b>164,355.00</b> |                 |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | <b>2</b>         |                   | <b>20,446.73</b>  |                 |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | <b>Yes</b>           | <b>2</b>         |                   | <b>50,461.58</b>  |                 |
| G - Executory Contracts and<br>Unexpired Leases                                    | <b>Yes</b>           | <b>1</b>         |                   |                   |                 |
| H - Codebtors  | <b>Yes</b>           | <b>1</b>         |                   |                   |                 |
| I - Current Income of Individual<br>Debtor(s)                                      | <b>Yes</b>           | <b>1</b>         |                   |                   | <b>3,544.78</b> |
| J - Current Expenditures of Individual<br>Debtor(s)                                | <b>Yes</b>           | <b>2</b>         |                   |                   | <b>2,931.47</b> |
| Total Number of Sheets of ALL Schedules  |                      | <b>15</b>        |                   |                   |                 |
| Total Assets   |                      |                  | <b>185,019.62</b> |                   |                 |
| Total Liabilities  |                      |                  |                   | <b>235,263.31</b> |                 |

**United States Bankruptcy Court**  
**Eastern District of Missouri**

In re **Diana Sherl Gier**,  
 Debtor

Case No. **10-50188**

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount           |
|---|------------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b>      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>20,446.73</b> |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b>      |
| Student Loan Obligations (from Schedule F)  | <b>0.00</b>      |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b>      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b>      |
| TOTAL   | <b>20,446.73</b> |

**State the following:**

|   |                 |
|---|-----------------|
| Average Income (from Schedule I, Line 16)   | <b>3,544.78</b> |
| Average Expenses (from Schedule J, Line 18)   | <b>2,931.47</b> |
| Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 ) | <b>4,562.08</b> |

**State the following:**

|  |                  |                  |
|--|------------------|------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                  | <b>340.00</b>    |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>20,446.73</b> |                  |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                  | <b>0.00</b>      |
| 4. Total from Schedule F   |                  | <b>50,461.58</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                  | <b>50,801.58</b> |

In re **Diana Sherl Gier**Case No. **10-50188**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>U<br>S<br>B<br>A<br>N<br>D<br>W<br>I<br>F<br>E<br>J<br>O<br>I<br>N<br>T<br>C<br>O<br>M<br>M<br>U<br>N<br>I<br>T<br>Y | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--------------------------------------|---|--|--|--|--------------------------------------|--|---------------------------------|
|  |                                      |   |  |  |  |                                      |  |                                 |
| Account No.  |                                      |   | <b>2010</b>  |  |  |                                      |  |                                 |
| <b>Gene England</b>  |                                      |   | <b>Purchase Money Security</b>   |  |  |                                      |  |                                 |
| <b>9 Maple Drive</b>   |                                      |   | <b>2008 Hyundai Elantra, 45,000 miles</b>  |  |  |                                      |  |                                 |
| <b>Warrenton, MO 63383</b>   |                                      |   | Value \$ <b>9,660.00</b>   |  |  |                                      | <b>10,000.00</b>   | <b>340.00</b>                   |
| Account No.  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   | Value \$   |  |  |                                      |  |                                 |
| Account No.  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   | Value \$   |  |  |                                      |  |                                 |
| Account No.  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   |  |  |  |                                      |  |                                 |
|  |                                      |   | Value \$   |  |  |                                      |  |                                 |
| Subtotal<br>(Total of this page)   |                                      |   |  |  |  |                                      | <b>10,000.00</b>   | <b>340.00</b>                   |
| Total<br>(Report on Summary of Schedules)  |                                      |   |  |  |  |                                      | <b>10,000.00</b>   | <b>340.00</b>                   |

0 continuation sheets attached

In re **Diana Sherl Gier**Case No. **10-50188**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,775\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,600\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re Diana Sherl GierCase No. 10-50188

Debtor

# **SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS - AMENDED** (Continuation Sheet)

## **Taxes and Certain Other Debts Owed to Governmental Units**

### TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|--------------------------------------|------------------|--|--|--|--------------------------------------|--------------------|---|
|   |                                      |                  |  |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No. <b>492760235</b>  |                                      |                  | during 2008 tax year   |  |  |                                      |                    |   |
| Internal Revenue Service<br>P.O. Box 21126<br>Philadelphia, PA 19114-0326                                   |                                      | -                | 2008 Taxes   |  |  |                                      |                    | 0.00  |
|   |                                      |                  |  |  |  |                                      | 10,119.71          | 10,119.71                                     |
| Account No.   |                                      |                  |  |  |  |                                      |                    |   |
|   |                                      |                  |  |  |  |                                      |                    |   |
| Account No.   |                                      |                  |  |  |  |                                      |                    |   |
|   |                                      |                  |  |  |  |                                      |                    |   |
| Account No.   |                                      |                  |  |  |  |                                      |                    |   |
|   |                                      |                  |  |  |  |                                      |                    |   |
| Account No.   |                                      |                  |  |  |  |                                      |                    |   |
|   |                                      |                  |  |  |  |                                      |                    |   |

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal  
(Total of this page)

10,119.71

0.00  
10,119.71

Total  
(Report on Summary of Schedules)

10,119.71

0.00  
10,119.71

In re **Diana Sherl Gier**Case No. **10-50188**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R<br><br>H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|--|---|--|--|--------------------------------------|------------------|
|   |  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                  |
| Account No. <b>xxx-xx-9050</b><br><br><b>Asset Acceptance, L.L.C.</b><br><b>P.O. Box 2036</b><br><b>Warren, MI 48090</b>  | -  | <b>assignee of SPRINT PCS, provider of cell<br/>phone service</b>                                   |  |  |                                      | <b>242.72</b>    |
| Account No.<br><br><b>Internal Revenue Service</b><br><b>P.O. Box 21126</b><br><b>Philadelphia, PA 19114-0326</b>   | -  | <b>2008<br/>interest and penalties on 2008 taxes</b>  |  |  |                                      | <b>2,876.97</b>  |
| Account No. <b>x.xxxx9E+15</b><br><br><b>MBNA</b><br><b>507 Prudential Road</b><br><b>Horsham, PA 19044</b>   | -  | <b>1998/199<br/>credit card to purchase goods/services</b>  |  |  |                                      | <b>0.00</b>      |
| Account No. <b>*****2714</b><br><br><b>NCO Portfolio Management</b><br><b>Becket &amp; Lee, L.L.P.</b><br><b>P.O. Box 3001</b><br><b>Malvern, PA 19355-0701</b> | -  | <b>money loaned<br/>assignee of MBNA America, NA</b>  |  |  |                                      | <b>9,127.17</b>  |
| Subtotal<br>(Total of this page)  |  |   |  |  |                                      | <b>12,246.86</b> |

1 continuation sheets attached

In re **Diana Sherl Gier**Case No. **10-50188**

Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                           |
|---|---------------------------------|---|--|--|--------------------------------------|---|
|   |                                 | H<br>W<br>J<br>C  |  |  |                                      |   |
| Account No. <b>xxxxxxxxxxxx4975</b>   |                                 |   |  |  |                                      |   |
| <b>Vativ Recovery Solutions, L.L.C.</b><br><b>P.O. Box 19249</b><br><b>Sugar Land, TX 77496</b>                 | -                               | <b>assignee of Verizon, phone service</b>   |  |  |                                      | <b>387.07</b>                             |
| Account No. <b>xxxxxxxxxxxxxxxxxxxx4976</b>   |                                 |   |  |  |                                      |   |
| <b>Vativ Recovery Solutions, L.L.C.</b><br><b>P.O. Box 19249</b><br><b>Sugar Land, TX 77496</b>                 | -                               | <b>phone service through Verizon</b><br><b>agent for Pallasades Aquisition IX LLC</b> |  |  |                                      | <b>248.01</b>                             |
| Account No.   |                                 |   |  |  |                                      |   |
|   |                                 |   |  |  |                                      |   |
| Account No.   |                                 |   |  |  |                                      |   |
|   |                                 |   |  |  |                                      |   |
| Account No.   |                                 |   |  |  |                                      |   |
|   |                                 |   |  |  |                                      |   |
| Sheet no. <u>1</u> of <u>1</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |                                 |   |  |  |                                      | Subtotal<br>(Total of this page)          |
|   |                                 |   |  |  |                                      | <b>635.08</b>                             |
|   |                                 |   |  |  |                                      | Total<br>(Report on Summary of Schedules) |
|   |                                 |   |  |  |                                      | <b>12,881.94</b>                          |

In re Diana Sherl Gier

Debtor(s)

Case No. 10-50188

## SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

|  |    |                 |
|--|----|-----------------|
| 1. Rent or home mortgage payment (include lot rented for mobile home)  | \$ | <u>1,697.78</u> |
| a. Are real estate taxes included? Yes <u>X</u> No <u>    </u>   |    |                 |
| b. Is property insurance included? Yes <u>X</u> No <u>    </u>   |    |                 |
| 2. Utilities:  |    |                 |
| a. Electricity and heating fuel  | \$ | <u>290.00</u>   |
| b. Water and sewer   | \$ | <u>82.18</u>    |
| c. Telephone   | \$ | <u>188.73</u>   |
| d. Other <u>See Detailed Expense Attachment</u>  | \$ | <u>63.00</u>    |
| 3. Home maintenance (repairs and upkeep)   | \$ | <u>50.00</u>    |
| 4. Food  | \$ | <u>250.00</u>   |
| 5. Clothing  | \$ | <u>0.00</u>     |
| 6. Laundry and dry cleaning  | \$ | <u>20.00</u>    |
| 7. Medical and dental expenses   | \$ | <u>120.00</u>   |
| 8. Transportation (not including car payments)   | \$ | <u>100.00</u>   |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.  | \$ | <u>0.00</u>     |
| 10. Charitable contributions   | \$ | <u>0.00</u>     |
| 11. Insurance (not deducted from wages or included in home mortgage payments)  |    |                 |
| a. Homeowner's or renter's   | \$ | <u>0.00</u>     |
| b. Life  | \$ | <u>0.00</u>     |
| c. Health  | \$ | <u>0.00</u>     |
| d. Auto  | \$ | <u>49.78</u>    |
| e. Other <u>    </u>   | \$ | <u>0.00</u>     |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  |    |                 |
| (Specify) <u>    </u>  | \$ | <u>0.00</u>     |
| 13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)   |    |                 |
| a. Auto  | \$ | <u>0.00</u>     |
| b. Other <u>    </u>   | \$ | <u>0.00</u>     |
| c. Other <u>    </u>   | \$ | <u>0.00</u>     |
| 14. Alimony, maintenance, and support paid to others   | \$ | <u>0.00</u>     |
| 15. Payments for support of additional dependents not living at your home  | \$ | <u>0.00</u>     |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)   | \$ | <u>0.00</u>     |
| 17. Other <u>Veterinary Bill</u>   | \$ | <u>5.00</u>     |
| Other <u>Club, Sports, Hobbies for Self &amp; Sons</u>   | \$ | <u>15.00</u>    |
| 18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) | \$ | <u>2,931.47</u> |
| 19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:<br><u>    </u>                  |    |                 |
| 20. STATEMENT OF MONTHLY NET INCOME  |    |                 |
| a. Average monthly income from Line 15 of Schedule I   | \$ | <u>3,544.78</u> |
| b. Average monthly expenses from Line 18 above   | \$ | <u>2,931.47</u> |
| c. Monthly net income (a. minus b.)  | \$ | <u>613.31</u>   |



In re Diana Sherl GierCase No. 10-50188Debtor(s)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED****Detailed Expense Attachment****Other Utility Expenditures:**

|   |           |              |
|---|-----------|--------------|
| <b>Trash Pickup</b>                     | <b>\$</b> | <b>18.00</b> |
| <b>Internet/Cable TV</b>                | <b>\$</b> | <b>45.00</b> |
| <b>Total Other Utility Expenditures</b> | <b>\$</b> | <b>63.00</b> |

In re Diana Sherl Gier  
 Debtor(s)  
 Case Number: 10-50188  
 (If known)

According to the calculations required by this statement:

- ☒ The applicable commitment period is 3 years.  
☐ The applicable commitment period is 5 years.  
☐ Disposable income is determined under § 1325(b)(3).  
☒ Disposable income is not determined under § 1325(b)(3).  
 (Check the boxes as directed in Lines 17 and 23 of this statement.)

### AMENDED

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| Part I. REPORT OF INCOME |  |   |                             |                        |  |
|--------------------------|--|---|-----------------------------|------------------------|--|
| 1                        | <b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.<br>a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.<br>b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.<br>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line. |   |                             |                        |  |
|                          |  | <b>Column A</b>                           |                             | <b>Column B</b>        |  |
|                          |  | <b>Debtor's Income</b>                    |                             | <b>Spouse's Income</b> |  |
| 2                        | <b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>  |   | \$ <b>3,762.08</b>          | \$                     |  |
| 3                        | <b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part IV.</b>  |   |                             |                        |  |
|                          |  | Debtor                                    |                             | Spouse                 |  |
|                          | a.   | Gross receipts                            | \$ <b>0.00</b>              | \$                     |  |
|                          | b.   | Ordinary and necessary business expenses  | \$ <b>0.00</b>              | \$                     |  |
|                          | c.   | Business income                           | Subtract Line b from Line a |                        |  |
|                          |  |   | \$ <b>0.00</b>              | \$                     |  |
| 4                        | <b>Rents and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.</b>  |   |                             |                        |  |
|                          |  | Debtor                                    |                             | Spouse                 |  |
|                          | a.   | Gross receipts                            | \$ <b>0.00</b>              | \$                     |  |
|                          | b.   | Ordinary and necessary operating expenses | \$ <b>0.00</b>              | \$                     |  |
|                          | c.   | Rent and other real property income       | Subtract Line b from Line a |                        |  |
|                          |  |   | \$ <b>0.00</b>              | \$                     |  |
| 5                        | <b>Interest, dividends, and royalties.</b>   |   | \$ <b>0.00</b>              | \$                     |  |
| 6                        | <b>Pension and retirement income.</b>  |   | \$ <b>0.00</b>              | \$                     |  |
| 7                        | <b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.   |   | \$ <b>0.00</b>              | \$                     |  |
| 8                        | <b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:   |   |                             |                        |  |
|                          | Unemployment compensation claimed to be a benefit under the Social Security Act  |   | Debtor \$ <b>0.00</b>       | Spouse \$              |  |
|                          |  |   | \$ <b>0.00</b>              | \$                     |  |

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|    |   |                              |    |               |    |                 |
|----|---|------------------------------|----|---------------|----|-----------------|
| 9  | <b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. <b>Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include</b> any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. |                              |    |               |    |                 |
|    |   | Debtor                       |    | Spouse        |    |                 |
|    | a.  | <b>Maintenance (Alimony)</b> | \$ | <b>800.00</b> | \$ |                 |
|    | b.  |                              | \$ |               | \$ |                 |
|    |   |                              |    |               | \$ | <b>800.00</b>   |
| 10 | <b>Subtotal.</b> Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).  |                              |    |               | \$ | <b>4,562.08</b> |
| 11 | <b>Total.</b> If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.   |                              |    |               | \$ | <b>4,562.08</b> |

### Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

|    |  |  |  |  |    |                  |
|----|--|--|--|--|----|------------------|
| 12 | Enter the amount from Line 11  |  |  |  | \$ | <b>4,562.08</b>  |
| 13 | <b>Marital Adjustment.</b> If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. |  |  |  |    |                  |
|    | a.   |  | \$   |  |    |                  |
|    | b.   |  | \$   |  |    |                  |
|    | c.   |  | \$   |  |    |                  |
|    | Total and enter on Line 13   |  |  |  | \$ | <b>0.00</b>      |
| 14 | Subtract Line 13 from Line 12 and enter the result.  |  |  |  | \$ | <b>4,562.08</b>  |
| 15 | <b>Annualized current monthly income for § 1325(b)(4).</b> Multiply the amount from Line 14 by the number 12 and enter the result.   |  |  |  | \$ | <b>54,744.96</b> |
| 16 | <b>Applicable median family income.</b> Enter the median family income for applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  |  |  |  |    |                  |
|    | a. Enter debtor's state of residence: <b>MO</b>  |  | b. Enter debtor's household size: <b>3</b> |  | \$ | <b>60,156.00</b> |
| 17 | <b>Application of § 1325(b)(4).</b> Check the applicable box and proceed as directed.<br><input checked="" type="checkbox"/> <b>The amount on Line 15 is less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.<br><input type="checkbox"/> <b>The amount on Line 15 is not less than the amount on Line 16.</b> Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.   |  |  |  |    |                  |

### Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

|    |  |  |    |  |    |                 |
|----|--|--|----|--|----|-----------------|
| 18 | Enter the amount from Line 11.   |  |    |  | \$ | <b>4,562.08</b> |
| 19 | <b>Marital Adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. |  |    |  |    |                 |
|    | a.   |  | \$ |  |    |                 |
|    | b.   |  | \$ |  |    |                 |
|    | c.   |  | \$ |  |    |                 |
|    | Total and enter on Line 19.  |  |    |  | \$ | <b>0.00</b>     |
| 20 | <b>Current monthly income for § 1325(b)(3).</b> Subtract Line 19 from Line 18 and enter the result.  |  |    |  | \$ | <b>4,562.08</b> |

| 21   | <b>Annualized current monthly income for § 1325(b)(3).</b> Multiply the amount from Line 20 by the number 12 and enter the result.  | \$ <b>54,744.96</b>          |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
|--|---|------------------------------|--|--|-------------|--|--|-------------|-----|-----------------------------|------------------------------|-----|----------------------|-----|-----|-------------------|---|-----|-------------------|---|-----|----------|--------|-----|----------|------|
| 22   | <b>Applicable median family income.</b> Enter the amount from Line 16.  | \$ <b>60,156.00</b>          |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 23   | <b>Application of § 1325(b)(3).</b> Check the applicable box and proceed as directed.<br><input type="checkbox"/> <b>The amount on Line 21 is more than the amount on Line 22.</b> Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.<br><input checked="" type="checkbox"/> <b>The amount on Line 21 is not more than the amount on Line 22.</b> Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. <b>Do not complete Parts IV, V, or VI.</b>  |                              |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| <b>Part IV. CALCULATION OF DEDUCTIONS FROM INCOME</b>                              |   |                              |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| <b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b> |   |                              |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 24A  | <b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  | \$ <b>1,152.00</b>           |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 24B  | <b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%;">a1.</td> <td style="width: 45%;">Allowance per member</td> <td style="width: 20%; text-align: right;">60</td> <td style="width: 5%;">a2.</td> <td style="width: 45%;">Allowance per member</td> <td style="width: 20%; text-align: right;">144</td> </tr> <tr> <td>b1.</td> <td>Number of members</td> <td style="text-align: right;">3</td> <td>b2.</td> <td>Number of members</td> <td style="text-align: right;">0</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td style="text-align: right;">180.00</td> <td>c2.</td> <td>Subtotal</td> <td style="text-align: right;">0.00</td> </tr> </tbody> </table> |                              | Household members under 65 years of age    |  |             | Household members 65 years of age or older |  |             | a1. | Allowance per member        | 60                           | a2. | Allowance per member | 144 | b1. | Number of members | 3 | b2. | Number of members | 0 | c1. | Subtotal | 180.00 | c2. | Subtotal | 0.00 |
| Household members under 65 years of age  |   |                              | Household members 65 years of age or older |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| a1.  | Allowance per member  | 60                           | a2.  | Allowance per member                                       | 144         |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| b1.  | Number of members   | 3                            | b2.  | Number of members  | 0           |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| c1.  | Subtotal  | 180.00                       | c2.  | Subtotal   | 0.00        |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 25A  | <b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court).   | \$ <b>415.00</b>             |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 25B  | <b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. <b>Do not enter an amount less than zero.</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td style="width: 5%;">a.</td> <td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rent Expense</td> <td style="width: 40%; text-align: right;">\$ 1,061.00</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td style="text-align: right;">\$ 1,697.78</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: right;">Subtract Line b from Line a.</td> </tr> </tbody> </table>   |                              | a.   | IRS Housing and Utilities Standards; mortgage/rent Expense | \$ 1,061.00 | b.   | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ 1,697.78 | c.  | Net mortgage/rental expense | Subtract Line b from Line a. |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| a.   | IRS Housing and Utilities Standards; mortgage/rent Expense  | \$ 1,061.00                  |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| b.   | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47  | \$ 1,697.78                  |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| c.   | Net mortgage/rental expense   | Subtract Line b from Line a. |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |
| 26   | <b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>   | \$ <b>0.00</b>               |  |  |             |  |  |             |     |                             |                              |     |                      |     |     |                   |   |     |                   |   |     |          |        |     |          |      |

## B22C (Official Form 22C) (Chapter 13) (04/10)

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|     |  |                              |               |   |    |               |    |  |    |               |    |   |                              |  |    |               |
|-----|--|------------------------------|---------------|---|----|---------------|----|--|----|---------------|----|---|------------------------------|--|----|---------------|
| 27A | <p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>  |                              | \$            | <b>210.00</b>                                 |    |               |    |  |    |               |    |   |                              |  |    |               |
| 27B | <p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>  |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 28  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td><b>496.00</b></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> <td><b>150.00</b></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table> |                              | a.            | IRS Transportation Standards, Ownership Costs | \$ | <b>496.00</b> | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | <b>150.00</b> | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a. |  | \$ | <b>346.00</b> |
| a.  | IRS Transportation Standards, Ownership Costs  | \$                           | <b>496.00</b> |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| b.  | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47   | \$                           | <b>150.00</b> |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| c.  | Net ownership/lease expense for Vehicle 1  | Subtract Line b from Line a. |               |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 29  | <p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b></p> <table border="1"> <tr> <td>a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td>\$</td> <td><b>0.00</b></td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$</td> <td><b>0.00</b></td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>  |                              | a.            | IRS Transportation Standards, Ownership Costs | \$ | <b>0.00</b>   | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | <b>0.00</b>   | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. |  | \$ | <b>0.00</b>   |
| a.  | IRS Transportation Standards, Ownership Costs  | \$                           | <b>0.00</b>   |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| b.  | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47   | \$                           | <b>0.00</b>   |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| c.  | Net ownership/lease expense for Vehicle 2  | Subtract Line b from Line a. |               |   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 30  | <p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>  |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 31  | <p><b>Other Necessary Expenses: mandatory deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>   |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 32  | <p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>   |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 33  | <p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in line 49.</b></p>  |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 34  | <p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>  |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |
| 35  | <p><b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b></p>   |                              | \$            | <b>0.00</b>                                   |    |               |    |  |    |               |    |   |                              |  |    |               |

|  |   |                        |    |                 |
|--|---|------------------------|----|-----------------|
| 36   | <b>Other Necessary Expenses: health care.</b> Enter the average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b>  |                        | \$ | <b>0.00</b>     |
| 37   | <b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>  |                        | \$ | <b>0.00</b>     |
| 38   | <b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.  |                        | \$ | <b>2,303.00</b> |
| <b>Subpart B: Additional Living Expense Deductions</b><br><b>Note: Do not include any expenses that you have listed in Lines 24-37</b> |   |                        |    |                 |
| 39   | <b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.   |                        |    |                 |
|  | a.  | Health Insurance       | \$ | <b>0.00</b>     |
|  | b.  | Disability Insurance   | \$ | <b>0.00</b>     |
|  | c.  | Health Savings Account | \$ | <b>0.00</b>     |
|  | Total and enter on Line 39  |                        | \$ | <b>0.00</b>     |
|  | <b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:<br>\$  |                        |    |                 |
| 40   | <b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>  |                        | \$ | <b>0.00</b>     |
| 41   | <b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.  |                        | \$ | <b>0.00</b>     |
| 42   | <b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>   |                        | \$ | <b>0.00</b>     |
| 43   | <b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$147.92 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>                 |                        | \$ | <b>0.00</b>     |
| 44   | <b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b> |                        | \$ | <b>39.20</b>    |
| 45   | <b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>  |                        | \$ | <b>0.00</b>     |
| 46   | <b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.  |                        | \$ | <b>39.20</b>    |

**Subpart C: Deductions for Debt Payment**

|  |   |  |                               |   |
|--|---|--|-------------------------------|---|
| 47   | <b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.  |  |                               |   |
|  | Name of Creditor  | Property Securing the Debt   | Average Monthly Payment       | Does payment include taxes or insurance                             |
|  | a. <b>BAC Home Loans Servicing L.P.</b>   | <b>Two-story house on a small lot, less than 1/4 acre.<br/>7 Racine Court<br/>Lake Saint Louis, MO 63367</b>   | \$ <b>1,697.78</b>            | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
|  | b. <b>Gene England</b>  | <b>2008 Hyundai Elantra, 45,000 miles</b>  | \$ <b>150.00</b>              | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |
|  |   |  | Total: Add Lines              |   |
|  |   |  |                               | \$ <b>1,847.78</b>  |
| 48   | <b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. |  |                               |   |
|  | Name of Creditor  | Property Securing the Debt   | 1/60th of the Cure Amount     |   |
|  | a. <b>BAC Home Loans Servicing L.P.</b>   | <b>Two-story house on a small lot, less than 1/4 acre.<br/>7 Racine Court<br/>Lake Saint Louis, MO 63367</b>   | \$                            | <b>31.33</b>  |
|  |   |  | Total: Add Lines              |   |
|  |   |  |                               | \$ <b>31.33</b>   |
| 49   | <b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 33.</b>  |  |                               | \$ <b>340.77</b>  |
| 50   | <b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.   |  |                               |   |
|  | a.  | Projected average monthly Chapter 13 plan payment.   | \$                            | <b>0.00</b>   |
|  | b.  | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) | x                             | <b>4.90</b>   |
|  | c.  | Average monthly administrative expense of Chapter 13 case  | Total: Multiply Lines a and b |   |
|  |   |  |                               | \$ <b>0.00</b>  |
| 51   | <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.   |  |                               | \$ <b>2,219.88</b>  |
| <b>Subpart D: Total Deductions from Income</b>                       |   |  |                               |   |
| 52   | <b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and 51.  |  |                               | \$ <b>4,562.08</b>  |
| <b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b> |   |  |                               |   |
| 53   | <b>Total current monthly income.</b> Enter the amount from Line 20.   |  |                               | \$ <b>4,562.08</b>  |
| 54   | <b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.  |  |                               | \$ <b>0.00</b>  |
| 55   | <b>Qualified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).  |  |                               | \$ <b>0.00</b>  |
| 56   | <b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.  |  |                               | \$ <b>4,562.08</b>  |

